

HAWAII STATE ETHICS COMMISSION

DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) SONSON, ALEX MORALES	STATE POSITION HELD: (Dept/Div or Board/Commission) Representative TERM OF OFFICE (Begin/End): <div style="text-align: right;">11/03/2004 / 11/07/2006</div>
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FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.
 USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
JT	LAW OFFICE OF ALEX M. SONSON, A LAW CORP WAIPAHU OFFICE PLAZA 94-210 PUPUKAHI ST. STE 204 WAIPAHU, HI 96797	E	LEGAL SERVICES
F	LEGISLATURE-STATE OF HAWAII HOUSE OF REPRESENTATIVES STATE CAPITOL BUILDING HONOLULU, HI 96813	D	LEGISLATOR

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP,DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	LAW OFFICE OF ALEX M. SONSON A LAW CORPORATION WAIPAHU OFFICE PLAZA 94-210 PUPUKAHI ST., STE. 204 WAIPAHU, HI 96797	LAW OFFICE	OWNER	100%

☐ Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 4: CREDITORS**

List the name of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding. Exclude debts from retail installment transactions for the purchase of consumer goods.

F,SP, DC,JT	NAME OF CREDITOR	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	WELLS FARGO HOME MORTGAGE P.O. BOX 54107 LOS ANGELES, CA 90054-0107	H	H
JT	ALLIANCE BANCORP 745 FORT STREET #204 HONOLULU, HI 96813	H	-0-

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION

☒ Check here if entry is None☐ Check here if additional sheets are attached

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	VALUE
JT	94-323 KAHUAWAI ST., WAIPAHU HI 96797	9-4-037-103-0000	I
JT	KONA HAWAIIAN VILLAGE BY THE SEA TIME- SHARE 75-5961 ALII DR., KAILUA-KONA HI 96740	(3) 7-5-019-005	C
JT	KONA BY THE SEA 75-6040 ALII DR., KAILUA-KONA HI 96740	(3) 7-5-20-14	C

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State acquired during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED, EXCLUDING PERSONAL RESIDENCE(S)**

List interests in real property in or outside of the State transferred during the disclosure period, if the interest has a value of \$10,000 or more. Real property that was your personal residence or the personal residence of your spouse or dependent children need not be listed.

F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION

☒ Check here if entry is None☐ Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
BIENVENIDO GALARIO SEE ATTACHED LIST	DEPARTMENT OF HUMAN SERVICES-SOCIAL SERVICES DIV DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

☒ Check here if entry is None☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.



SIGNATURE

5/29/2006

DATE

CLIENTS REPRESENTED BEFORE THE DEPARTMENT OF LABOR
AND INDUSTRIAL RELATIONS

1. Abitong, Antonio, Jr.
2. Francisca Balatbat
3. Barreras, Aniceta
4. Bantoy, Crispin
5. Basilio, Josefina
6. Bueno, Ernesto
7. Chavez, Dante
8. Corpuz, Villani
9. Cuba, Robert
10. Gapusan, Lysalder
11. Gaygay, Susimo
12. Ilar, Gloria
13. Kaakai, Paul
14. Madamba, Noel
15. Maluyo, Eugene
16. Mano, Rogelio
17. Martin, Conchita
18. Mendoza, Modesto
19. Miguel, Edwin
20. Nardo, Ildefonso
21. Pascua, Gloria

22. Rafael, Harish
23. Ragasa, Lovely
24. Reyes, Nestor
25. Soria, Patricia
26. Taan, Rosevela